

APPROVED

PTO DEPARTMENT OF COMMERCE

Express Mail Number: EV 272907824 US

Date Deposited: 07/31/2003

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 5820.639	
		First Inventor Bradley P. Kropp	
		Title URINARY TRACT TISSUE GRAFT COMPOSITIONS AND METHODS FOR PRODUCING SAME	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 272907824 US	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Mail Stop Patent Appl., Comm. for Patents PO Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 59] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Redline Specification ____ pgs - Claim(s) - Clean Specification ____ pgs - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
		<b>ACCOMPANYING APPLICATION PARTS</b>	
		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>	
18. This application is: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ of prior application No.: _____ Group Art Unit: _____ <input type="checkbox"/> As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above- identified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		30589 (Insert Customer No. or Attach bar code label here)	
Name		Dunlap, Coddling & Rogers, P.C.	
Address		P. O. Box 16370 Kathryn L. Hester, Ph.D.	
City		State	OK
Country		USA	Zip Code 73113
Telephone		(405) 607-8600	Fax (405) 607-8686
Name (Print/Type)		Kathryn L. Hester, Ph.D.	
Signature		Registration No. (Attorney/Agent)	46,768
		Date	7-31-03

SEND TO: Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-145022241 U.S. PTO  
10/631168  
07/31/03



07/31/03

✓ U.S.

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT	(\$)	946
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Application Number	Not Yet Assigned
Filing Date	07/31/2003
First Named Inventor	Bradley P. Kropp
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assign
Attorney Docket No.	5820.639

**FEE CALCULATION** (continued)

Deposit Account Number	04-1700
Deposit Account Name	Dunlap, Codding & Rogers, P.C. Customer No. 30589

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	375
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$)	375
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		Extra Claims	Fee from below	Fee Paid
Total Claims	55	$\cdot 20^{**} = 35$	$\times 9$	$= \$315$
Independent Claims	6	$\cdot 3^{**} = 3$	$\times 42$	$= \$126$
Multiple Dependent				$= \$0$

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)	441
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**\*\*or number previously paid, if greater: For Reissues, see above**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	130
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)	(\$)	130
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(Complete if applicable)

Telephone (405) 607-8600

Date	07/31/2003
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Mail Stop Patent Application  
Commissioner for Patents  
PO Box 1450, Alexandria, VA 22313-1450

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08/01/2003 HDEMESS1 00000066 041700 10631168  
04 FC:1460 130.00 DM  
08/01/2003 HDEMESS1 00000066 041700 10631168  
02 FC:2201 375.00 DM  
02 FC:2201 125.00 DM  
03 FC:2202 315.00 DM  
04 FC:1460 130.00 DM



**EXPRESS MAIL NO.: EV 272907824US**  
**DATE DEPOSITED: JULY 31, 2003**

**PATENT**

**IN THE UNITED STATE PATENT AND TRADEMARK OFFICE**

Applicant: Kropp et al. ) Atty Dkt No: 5820.639  
Serial No: Not Yet Assigned )  
Filed: Herewith )  
For: URINARY TRACT TISSUE )  
GRAFT COMPOSITIONS AND )  
METHODS FOR PRODUCING )  
SAME )

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

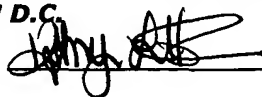
**PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS**  
**(37 CFR § 1.84(a)(2) AND (b)(2))**

1. This Petition is for the acceptance of color:

- ☐ drawings. (37 CFR § 1.84(a)(2))
- ☒ photographs (37 CFR § 1.84(b)(20))

**\*\*I hereby certify that due to the indefinite suspension of U.S. Post Office Express Mail services, and pursuant to U.S. Patent and Trademark Office ("USPTO") instructions on 11/19/2001. This **Petition T Accept Color Drawings Or Photographs** and accompanying application are being deposited on **July 31, 2003** by U.S. Express Mail No. **EV 272907824 US** addressed to: COMMISSIONER OF PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450. **IT IS FURTHER OUR UNDERSTANDING THAT THE USPTO WILL BE RESPONSIBLE FOR FORWARDING ALL OF THE ENCLOSED DOCUMENTS TO THE USPTO OFFICE LOCATED IN WASHINGTON D.C.****

Kathryn L. Hester, Ph.D.



7-31-03



registered representative

2. Attached hereto are three (3) sets of color:

☐ drawings.

☒ photographs.

3. The reason(s) for the need for color drawings or photographs in this application is/are as follows:

Figs. 2-7, 10 and 11 are photomicrographs in which different colored stains are used to locate certain cells. The colored stains include red, blue, green and brown. When presented in black and white, it is impossible to distinguish unstained cells from stained cells or delineate one stain from another, and therefore one cannot differentiate between stained and unstained cells or between cells that stain differently.

4. The petition fee required to waive the requirement of § 1.84 (37 CFR § 1.17(i) - \$130.00) is paid as follows:

☐ Attached is a

☐ check

☐ money order

in the amount of \$\_\_\_\_\_.

☒ Authorization is hereby made to charge the amount of \$130.00

☒ to Deposit Account No. 04-1700

☐ to credit card as shown on the attached credit card  
information authorization form PTO-2038.

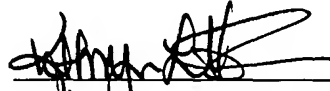
☒ Charge any additional fees required by this paper or credit any



overpayment in the manner authorized above.

A duplicate of this paper is attached.

Respectfully submitted,



Kathryn L. Hester, Ph.D., Reg. No. 46,768

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Agent for Applicant